

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyis	t(s) Steve Ahnen	, Paula	Minnehan, Kat	hleen Bizarro-Thunberg	, Travis Boucher	
II. Name of lobbyis	t's partnership, fi	rm or co	rporation, if an	ıy:		
New Hampshire I	Hospital Associati	on				•
(N	ame of partnership, f	rm or cor	poration)			
125 Airport Road		Co	ncord	NH	03301	
Business Address: (Street)		(Town/City)	(State)	(Zip Code)	
(603)	0	(603)	225-4346 (Fax)	e-mail pminn	ehan@nhha.org	
(Telephone)		(Fax)			
reportable expense	transactions whic	h are no	t attributable t		u may file a separate report to the following client:	for
<u>OR</u>	(Full Name of Cl	ient as it a	uppears on the Lol	obyist Registration Form)		
	•	bbyist (in	cluding the lobl	oyist's family), or the lobb	ying firm listed below which	ı are
IV. Date of Report Reports cover: ac	April 26, 2017 tivity from date of re		to 3/31/17	July 26, 2017 Mactivity from 4/1/17 to 6/3		
	October 25, 20 activity from 7/1/1		17	January 31, 2018 activity from 10/1/17 to 1		
	d, complete just this			transactions made sin e Secretary of State's Office	ce the last report. Ce, State House, Room 204,	
VI_Check if addition	onal renorts are at	tached:				
			ıres, you must fi	le Addendum A – Fees ar	nd Expenses	
☐ If you have paid Expense Reimburse	I an honorarium or : ment	reimburs	ed expenses, yo	u must file Addendum B-	- Report of Honorariums or	
If you, your firm	n, or your family ha	s made p	oolitical contribu	itions, you must file Adde	endum C– Political Contribu	tions
Sworn Statement/A I have read RSA 15, and complete to the (Signature of lobby	RSA 15-B, RSA I best of my knowled Much	4-C and		ereby swear or affirm that	the foregoing information is (Date)	true
Paula Minnehan (Print Name of lobb	oyist)				RECE	IVED

OCT 27 2017

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Steve Ahnen, Paula Minnehan, Kathleen Bizarr II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Hospital Association	
(Name of partnership, firm or corporation)	
III. Name of Client	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	
c) Total of all fees received to date (Add lines a and b)	c)\$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm a aggregate total of all expenses pair expenses; (b) the aggregate total of all expenses; (a) the aggregate total of all expenses; (a) the aggregate total of all expenses; (a) the aggregate total of all expenses; (b) the aggregate total of all expenses; (a) the aggregate total of all expenses; (b) the aggregate total of all expenses; (a) the aggregate total of all expenses; (b) the aggregate total of all expenses; (a) the aggregate total of all expenses; (b) the aggregate total of all expenses; (a) the aggregate total of all expenses; (b) the aggregate total of all expenses; (a) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (c) the aggregate total of all expenses; (d) the aggregate total of all expenses; (e) the aggregate total of all exp
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported 	a) \$25,041.00
in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$ _52,404.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
(Signature of lobbyist)	10106/17 (Date)
Paula Minnehan	
(Print Name of lobbyist)	

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

(Name of part	tnership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contribu client/lobbyist and lobbyir			oter 664 paid on behalf of the
Full name of candidate:	Bradley	Jeb	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	500.00	Office Candidate i	s Seeking Senate
Full name of candidate:	Sununu	Chris	
Full name of candidate: _	Sununu (Last Name)	Chris (First Name)	(Middle Name/Initial)
_			Governor
Amount of contribution \$ If the contribution is an in-kinertual cost of the in-kind con	(Last Name) 1,000.00 nd contribution, provide tribution on the line abo	(First Name) Office Candidate is a description of the good	Governor
	(Last Name) 1,000.00 nd contribution, provide tribution on the line abo	(First Name) Office Candidate is a description of the good	Seeking Governor ds or services provided, and enter t

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

New Hampshire Hospital	Association		
	nership, firm or corporation)		
			D. /
III. Name of Client			Date
Political Contributions For each political contribut client/lobbyist and lobbying			ter 664 paid on behalf of the
Full name of candidate:	Daniels	Gary	
_	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	250.00	Office Candidate i	s Seeking Senate
	NH Sanata Da	monratic Caucus	
Full name of candidate: _		mocratic Caucus (First Name)	(Middle Name/Initial)
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	(Last Name) 500.00 and contribution, provide tribution on the line about	(First Name) Office Candidate is a description of the good	s Seeking
Amount of contribution \$ If the contribution is an in-kir actual cost of the in-kind cont	(Last Name) 500.00 Indicontribution, provide tribution on the line about the word "estimate." Committee to	(First Name)Office Candidate is a description of the good ve for amount of contribution of the contribution of the good ve for amount of contribution of contribution of the good version of the good versi	ds or services provided, and enter the ution. If the actual cost is not known,
Amount of contribution \$	(Last Name) 500.00 and contribution, provide tribution on the line about the word "estimate."	(First Name)Office Candidate is a description of the good ve for amount of contrib	ds or services provided, and enter the ution. If the actual cost is not known.

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

New Hampshire Hospital			
(Name of partn	ership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contribut client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate:	Senate Republica	n Majority Pac	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	500.00	Office Candidate i	s Seeking
Full name of candidate:	(Last Name)	(First Name)	
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin	(Last Name) d contribution, provide ribution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial) s Seeking ds or services provided, and enter the
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contribution contr	(Last Name) d contribution, provide ribution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial)

(If more than three contributions were made, report additional	contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and is true and complete to the best of my knowledge a	hereby swear or affirm that the foregoing information and belief.
(Signature of lobbyist)	10/a5/17 (Date)
(o.B	(====)

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: New Hampshire Hospital Association
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client):
Date of Report (check one):
April 26, 2017 □ July 26, 2017 ▼ October 25, 2017 □ January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. (Signature of lobbyist) (Date)
Steve Ahnen
(Print Name of lobbyist)

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Statement/Affirmation by Lobbyist
Statem	ent of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: New Hampshire Hospital Association	ciation
Name of Client (leave blank if Statement is for the partnership, firm, or corporation ar	nd not related to any
particular client):	
Date of Report (check one):	
April 26, 2017 ☐ July 26, 2017 ☑ October 25, 2017 ☐ January 31	, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses do the following Addendums submitted with that Statement (insert the number of Addesubmitted):	
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information on the Statement and each Accomplete to the best of my knowledge and belief.	Idendum is true and
(Signature of lobbyist) 10/25/1 (Date)	7—
Paula Minnehan	
(Print Name of Johbyist)	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: New Hampshire Hospital Association Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Date of Report (check one): April 26, 2017 □ July 26, 2017 ☑ October 25, 2017 □ January 31, 2018 □ I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): ✓ Addendum A(s). ____ Addendum B(s). ✓ Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. 10/28/17 (Date) Kathleen Bizarro-Thunberg

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: New Hampshire Hospital Association
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client):
Date of Report (check one):
April 26, 2017 □ July 26, 2017 ▼ October 25, 2017 □ January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. (Signature of lobbyist) (Date)
Travis Boucher
(Print Name of lobbyist)